

improvements in death notification can be achieved in EMRO countries using a clear notification form and simple quality assurance process.

**P1-172 CANCER EPIDEMIOLOGY IN THE NORTH OF TUNISIA 1999–2003**

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<sup>1</sup>W H B Ayoub, <sup>2</sup>H Rais, \* <sup>1</sup>S Zehani, <sup>3</sup>H Hsairi, <sup>3</sup>N Achour, <sup>1</sup>M B Abdallah. <sup>1</sup>Department of epidemiology and bio statistics, Salah Azaiez Institute of oncology, Tunis, Tunisia; <sup>2</sup>Medical oncology department, Salah Azaiez Institute of oncology, Tunis, Tunisia; <sup>3</sup>National Institute of Public Health, Tunis, Tunisia

**Introduction** Tunisia as a developing country is passing through an epidemiologic changing with less infectious diseases and the occurrence of several other chronic diseases. Cancer is becoming a major problem of public health. The registry of cancer in Tunisia started in 1997 by the creation of the cancer registry of Northern Tunisia (CRNT), a population registry involving about half the population. This study aimed to present data of the CRNT including the epidemiologic profile and the evolution of the incidence rate of most cancers sites during a 10 year period (1994–2003) in the north of the country.

**Methods** Referring to the CRNT data, we were able to determine the repartition of cancer according to sex, to calculate the brut and standardised incidence rate with a direct method on the basis of a world reference population. We could also find the incidence evolution and the cancer number of cases between 1994 and 2003. The results were compared to other registries data.

**Results** From 1999 to 2003, the CRNT registered the average of 5049 cases per annum of invasive cancers. This average was about 3744 in 1994. The increase was about 36% in a 10 year period. The brut incidence rate was 120.2 in men and 94.8 in women. If standardised on age according to a referent world population, the result stayed the same (133.2 v/s101.4). Lung cancer occurred first in men and then bladder cancer. In women, the increased brut incidences concerned breast cancer and colon cancer, cervical cancer occupied the fourth position after the skin cancer. Over the period (1994–2003), the increase of 36% in cancer occurrence is due in men to the 60% increase of lung, colon and prostate cancer cases and in women the increase of 50% of breast cancer new cases and then 10% of colon cancer cases.

**Conclusion** It seems that there is a continuous increasing of some cancers in Tunisia: breast cancer in women and lung cancer in men, colon cancer for both.

**P1-173 DELAY IN THE FIRST DENTAL VISIT IN A BRAZILIAN COHORT STUDY**

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M Saraiva, H Bettioli, M A Barbieri, L Holanda. \* University of São Paulo, Ribeirão Preto, Brazil

**Introduction** In Brazil about 55% of 6-yrs-old children, even in the highest socioeconomic levels, had never been to a dentist. The aim of this study was to investigate factors associated with the delay in the first dental visit (DDV).

**Methods** We used data from the follow-up (2004) of the birth cohort study of Ribeirão Preto (1994), including 1/3 of the original sample (n=790). DDV was defined as the age at the first dental visit after 6 yrs-old. Covariates used were maternal age, education and skin colour, marital status, number of siblings and household members and health insurance. Bivariate and stratified analysis was followed by a logistic regression with hierarchical modelling.

**Results** Overall, 55.5% had not been to a dentist by the age of 6. The final model showed that DFV was negatively associated with private health insurance (OR 0.67; 95% CI 0.46 to 0.97) and with mother's education. Compared to mothers with university degrees the OR for those with <4 years of schooling was 11.0 (95% CI 4.66 to 26.24) and the OR for those with at least 8 yrs of education was 5.49 (95% CI 2.65 to 11.39). Moreover, DFV was positively associated with mothers age (>20 compared to £ 20 yrs-old) 1.77 (95% CI 1.1 to 2.83) and with the number of household members (>4 compared with <4 members) 1.73 (95% CI 1.09 to 2.75).

**Conclusions** Considering the universal system studies are necessary to understand the barriers mothers with low educational level to take their children to the dentist. Grant Fapesp 00/09508-7.

**P1-174 EPIDEMIOLOGY OF NON-FATAL MACHINE INJURY IN BANGLADESH**

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<sup>1</sup>M J Hossain, \* <sup>1</sup>A K M F Rahman, <sup>1,3</sup>K Ul Baset, <sup>1</sup>A Biswas, <sup>1,2</sup>S Shafinaz, <sup>1</sup>S R Mashreky. <sup>1</sup>Centre for Injury Prevention and Research, Bangladesh, Dhaka, Bangladesh; <sup>2</sup>UNICEF, Dhaka, Bangladesh; <sup>3</sup>University of West England, Bristol, UK

**Objective** To examine the incidence and characteristics of non-fatal machine injury in Bangladesh.

**Methods** A population-based cross-sectional survey was conducted between January and December 2003 in Bangladesh. Nationally representative data were collected from 171366 rural and urban households, with a total sample size of 819429.

**Results** The incidence of non-fatal machine injury was 41.1 per 100000 per year. The rate was 6.95 times higher in Male than in females. Those who are age 15 to 19 years are most vulnerable groups than those of others. Rural people were at more than 2.15 times higher risk of machine injury than urban people. The average number of workdays lost was 262.57 (SD 419.741). The average duration of assistance required in daily living activities was 70.47 days (SD 227.324) days. The hospitalisation rate was 20.87 per 100000 population per year. The mean duration of hospital stay was 18.49 days. The rate of permanent disability was 6.71 per 100000 population-years.

**Conclusion** Machine injury is one of the major causes of morbidity, disability and workday loss Bangladeshi population. Adolescent workers are at highest risk. Factory and agricultural sector are the most common place of machine injury. Home is also third common place for machine related injury. To reduce this devastating health issue, a national strategy and Programme for machine injury prevention must be developed.

**P1-175 PREDICTING THE FUTURE BURDEN OF OCCUPATIONAL CANCER**

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S Hutchings, \* L Rushton. Imperial College London, London, UK

**Introduction** Interventions to reduce occupationally related cancers should be evidence based. We have developed a method for forecasting the future burden of occupational cancer given past and projected exposure trends and under targeted reductions in workplace exposure levels.

**Methods** The method builds on an approach using attributable fractions (AFs) developed to estimate the current burden of occupational cancer. We project risk exposure periods (REPs), accounting for cancer latencies of up to 50 years, forward in time, to estimate AFs for a series of forecast target years given past and projected exposure trends and under targeted reduction scenarios. Adjustment